

DNR Use Only
Loan Number:
Postmark Date:
Adjusted MHI:

**See instructional sheet. Read ALL instructions carefully before completing this form. Please print clearly in black ink.**

**Notice:** Safe Drinking Water Loan Program loan applicants are required to complete and submit this form by December 31 prior to application submittal as authorized by s. 281.61, Wis. Stats., and ch. NR 166, Wis. Adm. Code. Failure to submit a completed form by December 31 may result in the denial of loan funds for the project. Personal information collected on this form will be used for program administration and must be made available to requesters as required by Wisconsin Open Records law [s. 19.31 - 19.39, Wis. Stats.].

**Section I: Applicant Information**

1. Name of Local Governmental Unit/Public Water System	2. Name of County(ies) Where Project is Located
3. Check one: <input type="checkbox"/> PERF attached <input type="checkbox"/> PERF previously submitted	Project Priority Score from PERF Previously Submitted
4. If the applicant is a town sanitary district, public inland lake protection and rehabilitation district or municipal water district, is a <b>map attached</b> which indicates the local governmental unit's boundaries? <input type="checkbox"/> Yes <input type="checkbox"/> No, previously submitted, no changes	

5. Authorized Representative		6. Main Contact* (e.g., clerk, administrator, system operator)	
Name		Name	
Title		Title	
Street Address		Street Address	
City, State, ZIP Code		City, State, ZIP Code	
Telephone Number (include area code)	Fax Number (include area code)	Telephone Number (include area code)	Fax Number (include area code)
E-Mail Address		E-Mail Address	
<i>*Should be someone familiar with the project and available on a daily basis.</i>			

**Section II: Consulting Engineer**

Engineering Firm	Contact Name		
Street Address	Telephone Number (include area code)	Fax Number (include area code)	
City, State, ZIP Code	E-Mail Address		
E-Mail Address			

**Section III: Project Information and Cost Estimates**

Estimated or Actual Date of:	Month / Day / Year	Estimated or Actual Date of:	Month / Day / Year
1. Engineering Report Submittal		3. Construction Start	
2. Plans & Specifications Submittal		4. Construction Complete	

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**Section III: Project Information and Cost Estimates (continued)**

5. List all local governmental units or public water systems if a joint project:

6. Detailed Project Description (Narrative):

7. Project Cost Estimates

U.S. Environmental Protection Agency Needs Categories	A. Project Costs	B. Funds From SDWLP	C. Funds From Other Sources
Source Rehabilitation or Creation	\$	\$	\$
Land Acquisition	\$	\$	\$
Source Water Treatment	\$	\$	\$
Transmission or Distribution	\$	\$	\$
Storage	\$	\$	\$
Other Needs	\$	\$	\$
Purchase or System/Capacity Restructuring	\$	\$	\$
<b>Total Project Costs**</b>	\$	\$	\$

**\*\*Adding columns B and C must equal column A.**

8. a. Source of project cost estimates

b. Source(s) of funds other than SDWLP, if applicable

c. Description of "Other Needs" (attach additional sheets, if necessary)

9. a. Residential population of project service area

b. Source of population data

**The Following Procurement Requirement Pertains To SDWLP Financial Assistance Recipients:**

Procurement of professional services and construction contracts by recipients under the SDWLP shall be in accordance with federal, state and local law and shall be subject to review of eligibility, allocability, allowability and reasonableness. As established in ch. NR 166, Wis. Adm. Code, and Federal Regulations 40 CFR 31.36(e), each recipient of financial assistance and those employed by the recipient to plan, design or construct the project shall make good faith efforts or take affirmative steps to utilize minority and women business enterprises and small business in rural areas in contracts for services, equipment, raw materials and supplies. Please refer to ch. NR 166, Wis. Adm. Code, and the Environmental Improvement Fund Reference Guide for further details on these guidelines.

**Applicant Certification**

I have reviewed the information provided on this form in Sections I-III, and to the best of my knowledge and belief, the information is true and correct.

Signature of Authorized Representative

Date Signed

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**General Instructions For Notice of Intent to Apply (ITA) Form**

Local governmental units intending to apply for Safe Drinking Water Loan Program (SDWLP) financial assistance must submit the Notice of Intent to Apply (ITA) form. It must be postmarked or FAX dated no later than DECEMBER 31 of the calendar year prior to the State Fiscal Year (SFY) that the local governmental unit is seeking financial assistance. The SFY starts July 1 and ends the following June 30; the ITA will be valid for one SFY. See sample SDWLP application cycle below.

***Sample SDWLP Application Cycle:***

December 31, 2001*:	ITA and Priority Evaluation and Ranking Form (PERF) deadline, 6 months prior to the start of the next SFY.
April 30, 2002*:	Financial assistance application deadline for the next SFY.
July 1, 2002*:	Beginning of SFY; the first day a successful applicant's SDWLP loan can close.
April 30, 2003*:	Loan closing deadline for successful applicant.

(\*The years shown are meant as an example only; adjust the years according to your timeline.)

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**Section I: Applicant Information**

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1. Provide the legal name of the applicant. Any Wisconsin city, village, town, county, town sanitary district, public inland lake protection and rehabilitation district or municipal water district is eligible to receive a loan from the SDWLP.
2. Provide the name of the county or counties in which the local governmental unit or public water system is located.
3. Check the appropriate box. A PERF is a Priority Evaluation and Ranking Form (Form #8700-265). The PERF is used to determine the priority score for a project. Provide the project priority score previously determined for this project, if applicable.
4. Check the appropriate box. If the applicant is a town sanitary district, public inland lake protection and rehabilitation district or municipal water district, the district must attach a map to the ITA which indicates the district boundaries and locations of residential structures in the project area. The map will be used in the process of determining a median household income for the applicant. If the map has been previously submitted, and there are no changes in district boundaries, a map does not need to be attached.
5. Provide the name and title of the applicant's authorized representative, along with the street address, city, state, ZIP code, telephone number, fax number, and e-mail address. The authorized representative is the individual designated by adopted resolution or official act of the applicant's governing body. Provide the address to which all official correspondence should be sent. The telephone and fax numbers provided should be the ones that can be used to contact the authorized representative during typical business hours.
6. Provide the name and title of the main contact, along with the street address, city, state, ZIP code, telephone number, fax number, and e-mail address. The main contact should be someone familiar with the project who is available on a daily basis, such as the clerk, administrator or system operator. Provide the address to which all official correspondence should be sent. The telephone and fax numbers provided should be the ones that can be used to contact the main contact during typical business hours.

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**Section II: Consulting Engineer**

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Provide the name of the consulting engineer firm (if one retained), and a contact name, along with the street address, city, state, ZIP code, telephone number, fax number, and e-mail address. If the contact person has a telephone number, fax number or e-mail address that differs from those provided for the engineering firm, provide them in the space provided.

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## **Section III: Project Information and Cost Estimates**

- 1-2. Provide the actual or estimated submittal date for each item.
3. The construction start date is the actual or estimated date of the notice to proceed.
4. The construction complete date is the actual or estimated date of final completion.
5. If this project will serve more than one local governmental unit or public water system, list all participants. Please note, a proposed or executed intermunicipal agreement must accompany a financial assistance application for a joint project.
6. State the purpose of the project. Provide a detailed description of the major portions, processes and/or equipment included in the project.
7. Indicate the actual or estimated cost of project activities for each U.S. EPA Needs Category. The total for each category should be in column A; include all project costs, even if the costs are not being requested from SDWLP. Adding columns B and C must equal column A (see example below). Funds provided for the project by a source other than SDWLP, including the applicant, should be included in column C.

### *Project Costs Example:*

U.S. Environmental Protection Agency Needs Categories	A. Project Costs	B. Funds From SDWLP	C. Funds From Other Sources
Source Rehabilitation or Creation	\$422,800	\$300,800	\$122,000
Land Acquisition			
Source Water Treatment	\$32,000	\$32,000	
Transmission or Distribution	\$252,000	\$200,000	\$52,000
Storage	\$258,000	\$200,000	\$58,000
Other Needs			
Purchase or System / Capacity Restructuring			
<b>Total Project Costs**</b>	<b>\$964,800</b>	<b>\$732,800</b>	<b>\$232,000</b>

8.
  - a. Provide the source(s) of cost estimates provided in #7 above.
  - b. If you plan to fund a portion of this project with funds other than SDWLP funding, please list the other sources. Examples of other sources: the applicant, Community Development Block Grant (CDBG) Award, USDA Rural Development Loan.
  - c. Provide information pertaining to "Other Needs" costs.
9.
  - a. Provide the residential population to be served by the project.
  - b. Sources of information for this question, in order of preference are: 1) plans and specifications, 2) engineering report, 3) engineer's preliminary estimate, WPDES Permit, Department of Administration estimate, or census data.

## **Applicant Certification**

After reviewing Sections I-III, the Authorized Representative is required to sign and date the ITA.

Send completed ITA to: State of Wisconsin  
 Department of Natural Resources  
 Bureau of Community Financial Assistance - CF/8  
 PO Box 7921  
 Madison, WI 53707-7921  
 FAX (608) 267-0496